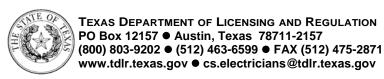


TEXAS DEPARTMENT OF LICENSING AND REGULATION PO Box 12157 ● Austin, Texas 78711-2157 (800) 803-9202 ● (512) 463-6599 ● FAX (512) 475-2871 www.tdlr.texas.gov ● cs.electricians@tdlr.texas.gov

APPRENTICE OR APPRENTICE SIGN ELECTRICIAN NOTICE OF CHANGE AND DUPLICATE LICENSE REQUEST FORM INSTRUCTIONS

- 1. NAME Write your name as it appears on your electrician license.
- LICENSE NUMBER- Write your complete license number as it appears on your electrician license.
- 3. REQUEST DUPLICATE LICENSE Check this box if you want a duplicate of your license. Include the \$20 fee.
- UPDATE MY NAME Write your new legal name in the spaces provided. You must submit a copy of the legal document approving or indicating your name change.
- 5. <u>CHANGE MY MAILING ADDRESS</u> Write your new mailing address in the spaces provided. This is the address where we will send you mail. This address can be a post office box.
- 6. CHANGE MY PHYSICAL ADDRESS Write your new physical address. This address cannot be a post office box.
- 7. CHANGE MY PHONE NUMBER Write your new phone number, including the area code.
- 3. <u>CHANGE MY EMAIL ADDRESS</u> Write your new email address. Please provide your email address so the department may email license information and required notices to you. Your email address is confidential pursuant to the Texas Public Information Act, and the department will not share it with the public.
- 9. <u>DATE AND SIGNATURE</u> Date and sign your request form. Changes to your record cannot be made if your request is not signed.



APPRENTICE OR APPRENTICE SIGN ELECTRICIAN NOTICE OF CHANGE AND DUPLICATE LICENSE REQUEST

	Do Not Write Above This Line		
DUPLIC	ATE LICENSE FEE: \$20 (FEE IS NON-REFUNDA	BLE)	
1. Name: (as it appears on your license)	·	-	
Last	First	Middle Suffix	
2. License Number:			
Licens	se Number		
	DUPLICATE LICENSE REQUEST		
3. 🗌 I am requesting a duplicate/r	reprint of my license (\$20 fee required)		
4. Change Ma Names ()	NAME CHANGE		
4. Change My Name: (submit a copy of	a government ID or legal document approving your name chang	je)	
Last	First CONTACT INFORMATION	Middle Suffix	
5 01 14 14 15 4 11 (5			
5. Change My Mailing Address: (Po	O box can be used for this address)		
Number, Street Name, Suite Number/Apartment Number			
City	State	Zip Code	
6. Change My Physical Address: ((PO box cannot be used for this address)		
Number, Street Name, Suite Number/Apartment Number			
City	State	Zip Code	
7. Change My Phone Number:	8. Change My Email Address:		
Area Code Phone Number	Email address (ex: johndoe@aol.com) (See Instruction	a choot for disclosure information)	
	Email address (ex. jornidoe@aoi.com) (See instruction	1 street for disclosure information)	
9. Date and Signature:			
Date Signed	Signature of	Signature of Licensee	
	Signature of	g	
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